WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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No.	
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Village or City Damascus (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED,	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from July 3 1915: to Oct 29 1915.
. 75- 1 7 1	that I last saw have alive on Oct 29, 1915. If LESS than day, hrs. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or grantumer (Return particular kind of work. (b) General nafure of indusfry, business, or establishmeof in which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory hammer Earner Secondary
10 NAME OF FATHER Elisha Best 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Alethoa Ger	(Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE (Informant) (Address) (Address)	Af place of death yrs. mos. ds. State yrs. mos, ds Where was disease contracted, if not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Belliesda lendar Och 31, 1916
Filed191	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Luborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Collon mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulagitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonilis," etc. State cause for childbirth or inlscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a defiuite disease ean be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstilial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) lclanus) may be stated under the head Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

Coun	PLACE OF DEATH 17740 17740	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7
Villag	ge or City Dank Spine (No	St.; Ward) [If death eccurred in a hespital or institution, give its NAME instead of street and number.]
- 451	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVORCED (Write the word)	18 OATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
7 AG	TE OF BIRTH O 2 y , 19/5 (Month) (Day) (Year) E	that I last saw h 2 alive on /d/2 (d) 1913 -, and that death occurred on the date stated above, at //- P, m. The CAUSE OF DEATH 3 was as follows:
bus whi) General nature of industry siness, or establishment in ich empleyed (or empleyer) RTHPLACE (State or country)	(Buration) Trs. Mos. ds. Contributory Cambana
RENTS	10 NAME OF FATHER Jack Y. Beil. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7	(Signed) Francisco (Superior) yrs. mes. 4s. (Signed) Francisco (Superior) yrs. mes. 4s.
PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death
	(Informant) J. N. B. 1	if not at place of death? Fermer or usual residence
15 File	(Address) Jerly Special Specia	19 PLACE OF BURIAL OR REMOVAL ADDRESS OUN OBSTRACE 16 W. Saratage St. Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman, (b) Fracery: (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Compositor, Architect, various pursuits can be known. The question The material worked on may form part Never return "Laborer," Locomotive engineer, Civil

Statement of Cause of Death—Name, first, the DEAKE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal pertionitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ursemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by by railway train-accident; Revolver wound (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolicNever report mere "Atrophy," "Colacid-probably



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

N.B.

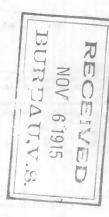
	PLACE OF DEATH	STATE OF MARYLAND
	Monta men 17741	CERTIFICATE OF DEATH
Coun	A 11.00 (X	Registration Dist. No.
/illac	pe or City Que VIII (No.	St.; Ward) [if death occurred in a hospitat or institution,
	1 Och Back	give its NAE instead of street and number.]
	² FULL NAME JOHN Sough	an
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE 9	Male Shule 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 10 (Month) (Dity) (Year)
S DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h' alive on OLA 31 1913,
TAG	E . If LESS than	and that death occurred on the date stated above, atm.
	3.6 yrs. 9 mos. 1 day, hrs.	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	: Illmonary Vubereulous
/ (a) Trade, profession, or Harmon	
bus) General nature of lodustry siness, or establishment in	(Ourstion) 3 yrs. 6 mos. ds.
	RTH PLACE (State or country)	Contributory
	10 NAME OF GES Roughout	(Signed) The Room (M. O.
RENTS	11 BIRTH PLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARE	12 MAIDEN NAME Skelen Green!	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the st death yre. mas. ds. Stets, yrs. mos. de. Where was disease contracted,
14 T	(toformant) Sue Douchand	If not at please contracted, If not at please of death ?
	(Address) Rockwille No4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18 FI	o Ochains The Prour	20 UNDERTAKER ADDRESS
, 10	REGISTRAR	The Jumphry Rockerle
	If more blanks are needed address State Registrar	16 W. Saratora St., Balto., Requesting V/S, No. 1.

[Approved by U. S. Census and American Public Health :
Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfultaken to report specifically the occupations of persons first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenperal septichaemia," Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



N. B.—Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

1 PLACE OF DEATH	STATE OF MARYLAND
County Mentgomery 17742	CERTIFICATE OF DEATH Registered No. 2/3
Village or City Rochrolle (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
* FULL NAME O. Momas Bou	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED. Manuel ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 191.6. [Month] (Day) (Year) 17
G DATE OF BIRTH Anknown (Year)	(let 12, 1915 to (rt, 22, 1916)
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the fate stated above, at 6 m, The CAUSE OF DEATH* was as follows:
Ca) Trade, protession, or particular kind of work	auti endiquition
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF PATHER Pary Bowman	(Signed) & Alvard Cindenson, M. D., 191 (Address) Profestle Md
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Delication of Sanlow	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of death yrs mos ds. State yrs mos ds.
(Interment) Palace Pumphred (Address) Ruchail MM.	former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS ADDRESS OF DEMANDER OF VERTILE ALC ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to tiline and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purepresal septichaeaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For VIO-



15

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE CAUSE OF I N. B.

PLACE OF DEATH 17743 County Mandagement Village or City Chry Chur (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/6, 3000 kville Rest; Ward) Bradshaw. [If death occurred is a hospital or institution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tage Color or race Single Married Married Mulle While Modern Mulle Modern Modern	(Month) (Day (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Greg 5 1915, to (est 2 1915, that I last saw h an alive on last 1 2 1915, and that death occurred on the date stated above, at 30 Pm. The CAUSE OF DEATH* was as follows: Pulsu on any full full follows: (Duration) / yrs. f mos. f ds. Contributory Pulsuancy Syncarity of ds. (Signed) f last k flowed Mark Mark Mark Mark Mark Mark Mark Mark
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER DE MOTHER 14 BIRTHPLACE OF MOTHER DE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the

OR RECENT RESIDENCE (FOR H		
At place of death yrs mos ds.	to the Several 79 State yrs. mos. 7	10
Where was disease contracted,		

Former or

usual residence OR REMOVAL

DATE OF BURIAL

300

REGISTRAR

KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Franklin Et. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always: qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BURTAUV.S

V. S. No. 1.

county Montgomery 1774	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or circle de de respués	Registration Dist. No. 220
2 FULL NAME mant	Cheswell [In cean occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED WIDOWAD OR DIVORCED AGE OF DIVORCED AGE OF DIVORCED AGE OF DIVORCED AGE.	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
G DATE OF BIRTH (Month) (Day) , 1915 (Wonth) (Day) , (Year)	that I last saw h alive on, 191,
7 AGE O yrs, O mes, Os, OR O min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, prefession, or particular kind at work	Still-Birth
(b) General nature of Industry business, or establishment in which employed (or employer)	(Durelian)yrsmoe ds.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Durajian) yre mos de
10 NAME OF FACTORE aurence a Chiswell	(Signal) J. M. While
11 BIRTHPLACE OF FATHER (State or country) 12 MALDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTH	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicinal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al placs le lhe l
(Informant) I A. C. Chikwell	If not al place of death?
(Address) Dickerson Md	Now, 191
FRED Oct 10, 1915 J. M. Hills REGISTRAR	20 UNDERTAKER ADDRESS + Hour
If more blanks are needed, address State Recistrar 1	& W. Sarators St. Rulto. Requesting V.S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton only when needed. As examples: (a) Foreman, (b) Autobusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria "Typhoid pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," wound of

TO LOCAL REGISTRAR No.220

DATE

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB. 11916
BUREAU, V.S.

2.41916 EAU,V.S

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Sunty 17745	CERTIFICATE OF DEATH
D D BD	Registration Dist. No.
Village or City McRoull (No. ,	St.; Ward) [If death occurred in a hespital or institution,
2 FULL NAME Oscar Column	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCEO OR DIVORCEO (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
Went 25 - 386	, 191.5 ; to , 191.5 ;
(Month) (Day) (Year)	that last saw h M alive on Of 3 4 , 191 1,
7 AGE If LESS than	and that death occurred on the date stated above, at J.C.m.
30 vrs 5 mas 8 ds or min.?	The CAUSE OF DEATH * was as follows:
9 OCCUPATION	Basto Ruteritis
(a) Trade, profession, or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer)	(Burstion) yrs. mos. 7 de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John H Classiff	(Signed) (Burelion) yre mes ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 Maine 15 Maine 16 Maine 17 Maine 18 Maine	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER MANE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place to the of death yrs. mee. de. Stete, yrs. moe. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at pieca of death?
(Informant) (such a light	Former er - usual residence
(Address) Breknbar RFD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
18	20 UNDERTAKER ADDRESS
Filed, 191 PEGISTRAR	ChROmmany Buterlo Com

, 1915 \((Year))

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the disease capsing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchouneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H : morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

	RECORD	PHYSICIANS should :
No.1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
4		

state

1 PLACE OF DEATH STATE OF MARYLAND County hundgame CERTIFICATE OF DEATH Registration Dist. No. oudent Road lif death occurred in a hospital or institution. give its NAME Instead of street and number.] Gertrude Cooper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE, wide the word) (Month) I HEREBY CERTIFY, That I attended deceased from 1961 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 915 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State yrs. mos. ds Where was disease contracted. it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL horin Wes 2 SUNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Furm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerreral septiehaenant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mally The coutributory (secondary or intercurrent) tctanus) may be stated uuder the head Measles (Recommendations on statement of (disease causing death), 29 ds.; For vio-



No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLAGE OF DEATH	17747	
County Montgomeny		(OX)
VIIIage of City Brownings	ceille (No.	(0)
	Q Dan	,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St ;.....Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, windowed whole white of BIRTH 5 SINGLE, MARRIED, windowed or BIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913. to Oct 16
(Month) (Day) (Year)	that I last saw her allve on Oct 9th 1910
1 day hre	and that death occurred on the date stated above, at
a) Trade, profession, or none particular kind of work	Pulmonen Ordena
(b) General nature of industry, business, or establishment in window of farmer which employed (or employer)	Contributory Garalysis agitaus
BIRTHPLACE (State or country) Maryland	(Secondary) (Duration) for year mos. ds
OF TATHER DESIGNATION OF TATHER DE TATHER	(Signed) A St. Stoplais, M. D. Ret 10, 1913 (Address) New Market That
(State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (10 Barnes (Son in - Law)	Where was disease contracted, it not at place of death? Former or usual residence
Address) Monione, The	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL Col. 12, 191.5 2D UNDERTAKER ADDRESS
Filed	Les - N. Melers, Comes and

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Houscuife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the distance causing death—Name, first, the distance causing death—Name, first, the distance causing distance in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig which surgical operation was undertaken. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report For vio-



1 PLACE OF DEATH

County Moralgone 17748	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Goshen (No	Registration Dist. No. 2/0 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 , I. HEREBY CERTIFY, That I attended deceased from
AGE AMonth) (Day) (Year) (Year) (A) GOCCUPATION (A) Trade, profession. or particular kind of work (A) (B) (C) (C) (C) (Day) (Year) (A) (A) (A) (A) (A) (A) (A) (that I last saw h alive on 191 and that death occurred on the date stated above, at more than the CAUSE OF DEATH was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Frederick Co Ind 10 NAME OF FATHER Harry W Dorsey 11 BIRTHPLACE OF FATHER (State or country) W Maiden NAME OF MOTHER Sarah Walter	(Signed) Contributory Secondary Secondary (Signed) (Signed) State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE providgorm Co Ind OF MOTHER providgorm Co Ind (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth yrs. mes. de. State, yrs. mes. de Where was disease contracted, if net at place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed OCL 20, 1915 7 17 PREGISTRAR	20 UNDERTAKER A G Carlisle 16 W. Saratoga St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsione," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL septichaemia," genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Astlichia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephralis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uras-mia," "Weakness," Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-occident; Revolver wound State cause for which Never report mere "Exhaustion," important.



UNFADING INK-THIS

PHYSICIANS should state of OCCUPATION is very

carefully supplied. AGE should be stated EXACTLY.

Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, so that It main protant. See instructions on back of certificate.

WRITE PLAINLY, WITH

RECORD

PERMANENT

County

. 1
No.
02
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1	PLACE	OF	DEA	T
			3	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

Ilf death occurred in a hospital or institution, Its NAME Instead of street and number.]

	FULL NAME
	PERSONAL AND STATISTICAL PARTICULARS
3 SE	Color or RACE Single, MARRIED, WIDOWED, OR DIVERCED (Write the word)
8 D/	(Month) (Day (Year)
7 AC	
(a) par (b) busi whice	CCUPATION Trade, profession, or riticular kind of work General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)
	10 NAME OF FATHER Frank M. Diwall
ENTS	11 BIRTHPLACE OF FATHER (State or country.) Md
PARI	12 MAIDEN NAME Ida Sellman
	13 BIRTHPLACE OF MOTHER (State or country)
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Wall
15	(Address) Washing ton hoor

10.2210	THE CENTRE TO ATE	01 0000111	
16 DATE OF DEATH	Och _	17.	, 191 <u>5</u>
	(Month)		
	BY CERTIFY, The		
	, 1915, to		
that I last ssw h	alive on		, 191 5
and that desth occurred	d on the date state	ed sboye, at	m
The CAUSE OF DEATH	* was as follows:		
	0000 0000000 000000 0000000000000000000		
Still B	222		

***************************************	(Duration)	yrs	mosds.
Contributory Secondary			
	Odaslia (Address) Jan	yrs	.mosds
(Signed) 3/13	Hadday		w n
001 19:15	· M-	The worder	lases
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HO	CAUSING DEATH, EANS OF INJURY; MICIDAL.	or, in deaths f and (2) whet	rom VIOLENT her Acciden-
18 LENGTH OF RESIDE	NCE FOR HOSPITAL	s, Institutions	TRANSIENTS
OR RECENT RESIDENTS	n) in the		
of death yrs m			mos ds
Where was disease contracte If not at place of death?	d,		
Former or usual residence	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	80-7h00000000000000000000000000000000000	***************************************
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL

ADDRESS

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or momicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



ENT PERMAN Cla proper supplied. be ò instructions 2 of infor item OF Every item CAUSE OF Important.

SICIANS should OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.:....Ward) a hospital or institution. giva its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDDWED. (Month) Write the word) 1 HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH 21 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... t day hrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which amployed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) .. 191.5... (Address) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. it not at placa of death? usual residenca OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTA

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death.—Name, first, the disease causing death of cause of death.—Name, first, the disease causing death of the same always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

sensis, tetanus) may be stated under the head childbirth or miscarriage, as "Turremeal scottichac cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ___ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary (name origin; "Can death), 29 ds. or intercurrent State cause for Examples: For vio 10



1 PLACE OF DEATH	STATE OF MARYLAND
County Muita 17751	CERTIFICATE OF DEATH
Village of City of Grand (No. 1)	Regiztered No. [it death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
**SEX **COLOR OR BACE SINGLE, MARRIED, WIDOWEC, OR OR ONCE (Write the word) **B DATE OF BIRTH **COLOR OR BACE SINGLE, MARRIED, WIDOWEC, OR ONCORCED (Write the word) **TAGE SHOUTH (Write t	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [191], to [191], that I last saw h alive on [191] and that death occurred on the date atated above, at [191], The CAUSE OF DEATH* was as follows: (Duration) yrs. [198]
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 15 Filed. O. J. 1815	Contributory (Secondary) (Beration)
	VIIIage or City PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR BACE MARRIED, WIDOWCO, WIDOWCO

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. heen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinospinal

"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrereal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 51915
BUREAU, V.S.

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ARGIN

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." ctc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired. 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croap"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meningia.

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for n.alignant neoplasms); Measles: Whooping count: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Tropsy," "Exhaustion," "Heart failure," "H (morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated un'er the head of "Contributory." (Recommendations on statement of cause of death approved by Committee Nomenclature of the American Medical Association.)

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

County Montgomery 17753	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Damasons (No., ,)	Registration Dist. No. St.; Ward) [If death eccerred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 6 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yoar)
6 DATE OF BIRTH 5 8 , 1854 (Month) (Day) (Year) 7 AGE If LESS than	that I last saw him alive on Oct 14 , 1915
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	and that death occurred on the date stated above, at 430 m. The CAUSE OF DEATH * was as follows: Carcinoma f the Aplean
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF FATHER Neurod Harrison 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. 6. M. 6.
of MOTHER Mary Cum Desiaf 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	A-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Cornolia V. Harwood (Address) Inpurovia P. D. Rout 2	former at usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF AUTOSETIS Con Oct 23, 1915.
Filed , 191 REGISTRAR If more blanks are needed, address State Registrar. 1	BUBOWN MA City Me

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up od account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE causing Death (the primary affection with respect to time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (seeondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

1 PLACE OF DEATH HYSICIANS statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ... If death occurred in St.;....Ward) Exact a hespital or institution. give its NAME instead of street and number. RECORD EXACT classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED proporty certificate Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH pino pe 10 7 AGE It LESS than may the date stated above, at 123000 back 1 day, hrs. G 44 OR min. ? that 50 OCCUPATION
(a) Trade, profession, er supplied ons marticular kind of work ... (b) General nature of industry terms, instructi business, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary See in (Duration). 10 NAME OF pe 2 FATHER (Signed) pino Important. I 11 BIRTHPLACE RENT (Address) OF FATHER 4 State the DISEASE CAUSING DRATH, or, in death from VIOLENT (State or country) W Lul CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA ۵ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER EOF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Infor S OF MOTHER At stace In the (State or country) \supset of deathутв. Every item of instance of substance of the state CAI Where was diseaso contracted. if not at place of death? usual reeldence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) 'rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--('oal mine, etc. Women at home, who are engaged in Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, Never return "Laborer," But in many cases,

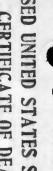
Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: chopneumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... on statement of eausc of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. ete., when a definite disease can be accertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Annemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of on Nomenelature of the American Medical Association.) or miscarriage as Always qualify all diseases resulting from childby railwoy nia" (merely symptomatie), "Atrophy," "Col"Conna," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurtrain-accident; Revolver wound "Puenperal septichaemia," State eause for which Never report mere important.



V. S. No. 1.

County Mulgorury 17755	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Clarksbury (No	St.; Ward) Flore the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hotel Single, Marieo, Wiooweo, Wiooweo, Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	that I last saw h alive on Och 77 1915 and that death occurred on the date stated above, at 930 M The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, profession, or Particular kind of work (b) General nature of Industry,	Carcinome of Stomach
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Munfand,	Contributory Secondary (Quration) Vrs MOS. (Quration) Vrs Mos.
11 BIRTHPLACE OF FATHER OF FATHER (State or country) MANNAGER OF FATHER OF	(Signed) J. H. Frangh Oct 28/, 1915 (Address) Barnesville
11 BIRTHPLACE OF FATHER (State or country) Many and in 12 Maiden Name OF MOTHER Modula. 13 BIRTHPLACE OF MOTHER (State or country) Many and in 13 BIRTHPLACE OF MOTHER (State or country) Many and in 14 BIRTHPLACE OF MOTHER (STATE or country) Many and in 14 BIRTHPLACE OF MOTHER (STATE or country) Many and in 14 BIRTHPLACE OF MOTHER (STATE o	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the
(Interment) Mrs. Chas. Covered.	of dealh
(Address) & Oragina . ma	Deceles of Burial Dries Date of Burial Deceles o



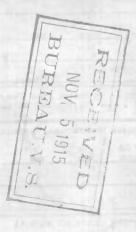
[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. mine, ctc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of agetion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of oeeupa-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) 'Typhoid fever (never report "Typhoid prospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synouym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of

> cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of Accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defluitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. cnce. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



County Paralaoun 17756	STATE OF MARYLAND CERTIFICATE OF DEATH
County from a sure	Registration Dist. No. 210
Village or City Celebrason (No.)	St.; Ward) [If death eccurred in a hospital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED OR OIVORCED OR OIVORCED (Write the word)	16 OATE OF DEATH Oct /2, 1914 (Month) (Day) (Year
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
yrs. mos. ds. OR.	hrs.
particular kind of work (b) General nature of lodustry -business, or establishment in Which employed (or employer) 9 BIRTHPLACE (State or country) Mondgory Co Sund	(Burstlen) yrs. mos. Contributory Secondary
10 NAME OF FATHER albert & Hawkins	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Mary Osca Griffelle 13 BIRTHPLACE OF MOTHER (State or country) Morelowing Co Duck 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Al place In the ef death yrs. mes. de. State, yrs. mes.
(Informant) albert R Hawkins	tf net at place of death? Former or usual residence
(Address) Gaethers bury AFD # 5	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Fay lows rille Cemeling Oct 13 191
Filed Oct 13, 1915 771 PEGISTE	20 UNOERTAKER ADDRESS Laglowable ?



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given, up on account of the disease causing death, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Locomolive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) birth or miscarriage as "PUERPERAL septichaemio," mus," "Old Age," "Shock," "Uracmia," "Weakness," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. to determine definitely. "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," State cause for which Never report mcre "Exhaustion," ACCIDENTAL, Whooping



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N. B Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
XACTLY.	statement	Section (Section)
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AGE s	properly	
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Village or City Berobrice (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/7 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hhite Single, Married, Widows or Divorce (Write the word)	18 DATE OF DEATH O
6 DATE OF BIRTH	7/1/ 1915 to /8/1/ 1915
(Month) (Day (Year)	that I last saw hand alive on 10 / 12 / 1910
7 AGE 11 LESS than 1 day, hrs. 0R min.?	and that dasth occurred on the data stated above, at 1100 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 6 mos. do
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF Groffon Holland.	(Signed) (Doration) yrs mos di
2 11 BIRTHPLACE OF FATHER (State or country) MJ	*State the DISEASE CAUSING DEATH, or, in deaths from Violen:
of Mother Elle Clayett	TAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Signal bolland	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Burkroll my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 10-13- 1915 Chas Fargueras	W. R. Gumphrey Rocknile

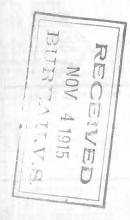
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



No. 1.

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RLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.

	MEDIC	CAL CERTIF	CATE	OF DEAT	TH .	
6 DATE OF	DEATH	Delet	(Month)	15/-	Day)	1915 (Year)
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Day	1 21	, 191.2., to	· Do	1 -	-	, 1915
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he CAUS	E OF DE	ATH * was a	s follo	ws:		1
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Seconda	A X	con,	Suration)	3 178.	moe.	
Seconda	TXK	rall'	Suration)	3 778.	moe.	, M.
Seconda	101.	(all)	Pal	3 ms.	moe.	
Seconda	191.	5. (Address)	PRATH, OF	3 yrs.	from Vic	DLENT
Seconda Signed Sta CAUSES, SUICIOAL	191. state (1) Nor Homicic	(QM) (Address) EASE CAUSING D MEANS OF INJUSTAL.	DEATH, or	(2) whether	r Accion	NTAL,
Seconda	191. state (1) Nor Homicic	(all 'Address) CABE CAUSING I) MEANS OF INJUSTAL. ENCE (FOR HO	DEATH, OF	(2) whether	r Accion	DLENT SNTAL,
Seconda Sec	, 191. Ate the Diss state (1) M or Homicico OF RESIDEN	5. (Address)	DEATH, OF RY; and	(2) whether	ONS, TRA	DLENT STAL,
Seconda State CAUSES, SUICIOAL LENGTH OR RECEN All place of death Where was die	, 191 ste the Diss state (1) N or Homicic OF RESIDEN TRESIDEN TIPE	CAMCAGE CAUSING I) MEANS OF INJUIDAL. ENCE (FOR HOTE) Heede. d,	DEATH, OF RY; and	(2) whether	ONS, TRA	DLENT STAL,
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Seconda Signed) Sta CAUSES, SUICIOAL B LENGTH OR RECEN All place of death Where was die K not at place Former er usual residance	, 191.ste the Diss state (1) N or Homero OF RESIDEN	COLL CASE CAUSING D MEANS OF INJUI JAL. ENCE (FOR HO TS) BOOK AGE.	DRATH, or RT; and SPITALS, ta tha Steld	(2) whethe	ONB, TRA	DLENT INTAL,
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(Year)

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[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be -Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (0) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Agc," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably to determine definitely. "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-accident; Revolver The contributory (secondary or intercuras "PUERPERAL septicharmia," Examples: Accidental drowning, State cause for which . (Recommendations Never report mere "Exhaustion," wound



N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STAT	E OF MAR	YLAND
	Moulanus	CERTIF	ICATE OF	DEATH
G	Then B 17759	(S) Reg	istration Dist.	No. 220
V	illage or City Jarnesnifle (No.	St	t.:Ward)	[If death occurred in a hospital or lostitution
	*FULL NAME No Waver	(Still Bitte) H	give its NAME lostear of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF	DEATH
35	Exercia Color or race 6 single, MARRIED, WIDDWED, ORDIVERCED (Write the word)	18 DATE OF DEATH	(Month)	74, 1915 (Day) (Year)
6 D	ATE OF BIRTH Oct. 24 - 1915	at birth 191		, 191
	(Month) (Day) (Year)	that I last saw h alive o	" July	191
7 A	July Birth 1 tay,hrs. ormin.?	and that death occurred on the The CAUSE OF DEATH * was		oove, atm
(a	CCUPATION) Trade, profession, or rticular kind of work			
(b) bus	Genoral nature of industry, iness, or establishment in ich employed (or employer)		(Ouration)	.yrsds.
9 8	IRTHPLACE tate or country) Md.	Contributory (Secondary)	(Doration)	_yrsdsds.
S	10 NAME OF Robert builty Autohinger	(Signed)	ss) Ba	MeAITAL.
ENT	(State or country)	*State the DISEASE CAUSIN CAUSES, state (1) MEANS OF	NG DEATH, or, in	deaths from VIOLENT 2) whether ACCIDEN-
PARI	of Mother Olynes Film	18 LENGTH OF RESIDENCE (F	L.	
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos	In the	yrs mos ds.
	(Informant) Robert Victor Helelinson		000,484777400000000000000000000000000000	
15	(Address) Sellman	19 PLACE OF BURIAL OR RE		ATE OF BURIAL
EII	od Och 25 1915 X. M. Mules	20 UNDERTAKER		DDRESS

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

**Contributory." (Recommendations on statement of such, if impossible to determine definitely. childbirth or miscarriage, as "PUTEPTERAL scptichaecause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUTERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraagenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopinsms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of __ ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (secondary or intercurrent (name origin; "Can Never report Examples:



V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MA	RYLAND
Cour	nty muly 17760	S) CERTIFICATE (OF DEATH
	Parla in	Registration D	
Villa	ge or City (No,	St.; Ward)	[If death occurred in a hospital or institution,
	2 FULL NAME Still burn	() Jacks	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MANN (Month)	(Day) , 191(f. (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That at	
,	1	maller to	, 191 ,
-	(Month) (Day) (Year)		, 191,
TAG	If LESS than 1 day, hrs.	and that death occurred on the date s	tated above, at m.
	yrs, mus. ds. OR min.?	The CAUSE OF DEATH * was as follo	ws:
(b)	CCUPATION) Trade, profession, or ritcular kind of work) General nature of industry siness, or establishment in ich employed (or employer)	Contributory Secondary	yre. mos. ds.
	10 NAME OF C	Secondary (Oursellen)	
	FATHER Harrison Jackson	(Signed) S ST ST	les, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DWATE, or CAUSES, state (1) MEANS OF INJURY; and	, in deaths from VIOLENT
PAR	12 MAIDEN NAME COMMUNICA System	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
14 71	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	, /yrsmoo de,
	(Informant) Cuma Dysing	If not at place of death? Formula: Justic teldence	
	(Address) Selliman	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	Cles 15191 15 ESTABLICE REGISTRAR	20 UNDERTAKER	ADDRESS
	If more blanks are needed address State Perioteen 1	& W. Saustone St. Balto Barnestine V S. No. 1	

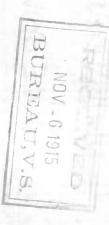


[Approved by U. S. Census and American Public Health

yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Couon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe second statement. Never return Statement of Occupation-Precise statement of occupa-If retired from

Statement of Cause of Death—Name, first, the DISEASE AUSING DEATH (the primary affection with respect to me and causation), using always the same accepted arm for the same disease. Examples: Cerebrospinal ver (the only definite synonym is "Epidemic cerebro-yphoid fever (never report "Typhoid pncumonia"); bar pneumonia, Bronchopneumonia ("Pneumonia,"); qualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles, Whooping "Puerperal scptichaemia," "Dropsy," State cause for which ("Con-



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 THIS UNFADING INK carefully supplied. may certificate. WITH pe on back terms, should PLAINLY, In plain See Instructions Information of Inform WRITE CAUSE OF Important. 8

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

PLACE OF DEATH County Montgomery 17761 Village or City Buck Lodge (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Accupation (a) Trade, profession, or particular kind of work Accupation Acc	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from 1915, to Oct 8, 1915, that I last saw h alive on Oct 5, 1915, and that death occurred on the date stated shove, st 180 m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 14 ds.
9 BIRTHPLACE (State or country) Marsh a was kny les Mary land	Gontributory Settle deay. (Secondary)
10 NAME OF FATHER Joseph Johnson 11 BIRTHPLACE OF FATHER (State or country) Wordy Ceo Md 12 MAIDEN NAME OF MOTHER HONOR BENNELL	(Signed)

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

1	At place	In the
1	of death yrs mos ds.	State yrs mos d
	Where was disease contracted, If not at place of death?	
	Former or	

19 PLACE O	F BURIAL	OR REMOVAL	
7	1	11. 14.	
1214	do	lua.	
20			_

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. 03

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[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (net paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemile cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

eause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mia," "PUERPEBAL peritonitis," etc. ebildbirth or misearriage. as "l'urremnal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." genital," "Senile," etc.), tbenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... ture of the American Medical Association.) Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Hacmorrhage," "Inanitlon," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN

PLACE OF DEATH

Village or City New Pocksille (No.)	St.; Ward) [If death oc a hospital or in give its NAME of street and no
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femele Colored Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH ANAlysis 183	17 Defs. 1 HEREBY CERTIFY, That I attended decease 10 Defs. 1915 to Pet. 1
(Month) (Day) (Year 7 AGE 11 LESS ti 1 day,	and that death occurred on the date stated above, at. 6
(f) Trade, protession, or farm fam. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Old age (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE (State or country) CARNOWN 12 MAIDEN NAME OF MOTHER (State or country) CARNOWN 13 BIRTHPLACE OF MOTHER (State or country) CARNOWN 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Clivard Andrews) (Signed) Clivard Andrews) *State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether acc tal, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transof Recent Residents) At place of death 2 yrs
(Address) Perebille III	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA Ven Porktille Md. Oct. 2 20 UNDERTAKER ADDRESS R. Pumbling u. Roylow

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborerthe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chromio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOVI 0 1915 BUREAU, V.S.

V. S. No. 1.

Village or City Ashlow (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7 [If death occurred in a hospitat or institution,
Full NAME Baly Fish	sive its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, Leugle OR DIVORCED (Write the word)	18 DATE OF DEATH Deed in ulero, 1915 (Month) (Day) (Year)
TAGE OCL, 2/, 1.9/4- (Month) (Day) (Year) TAGE TAGE Trace T	that I last saw h alive on ,191 and that death occurred on the date stated above, at more than the CAUSE OF DEATH * was as follows:
(b) General nature of ledustry business, or establishment in which emplayed (or emplayer) BIRTHPLACE (State or country) Aboutg. Co. Abd.	(Burstlen) yrs. mes. di Contributory Secondary
10 NAME DE FATHER Christofeher Requere 11 BIRTHPLACE OF FATHER (State or country) Prince George Co. Meds. 12 MAIDEN NAME OF MOTHER Jabel Bright 13 BIRTHPLACE OF MOTHER (State or country) Howard Co. Med.	(Signed) Chas. Farguliar, M. 6 Oct, 21-, 1915 (Address) Chury, Med. *State the DINEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether Accidental, SUICINAL OF HOMICINAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place of death yre. mes. ds. State, yrs. mes. de
(Informant) Christophan Burer	Where was disease contracted, If not at place of death? Fermer or useat reeldence
(Address) Ashlow, Med. 16 Filed Dot, 2+, 1915-Bhas Fargular, REGISTRAR	Prince Lage Co. Med. Oct 22-1012- 20 UNDERTAKER GEO. E. Freuch Lourel, Med.

[Approved by U. S. Cennus and American Public Health Association.]

cian, Compositor, Architect, Lacomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe duties of the household only (not paid Housekeepers of the second statement. mobile factory. mill; (a) Salesman, (b) rocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Loborer "Forgman," "Manager." "Dealer," etc., without more business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material werked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanitiou," "Maras-SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned on Nomenclature of the American Medical Association.) The nature of the injury, as fracture of skull, railway train-accident; Revolver wound of The contributory (secondary or intercurby corbolic acid-probably FOR VIOLENT DEATHS important. ("Con-



1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH County .. PHYSIC Registration Dist. No. [if death occurred inWard) a hespital or institution. give its NAME instead EXACTLY of street and number. I RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED, WIDOWED 70 OR DIVORCED (Month) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Ce (Day) (Year) (Month) TAGE If LESS than 0 and that death occurred on the date stated above, at 6.4...m. S F 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION supplied 0 (a) Trade, profession, or particular kind of work 0 (b) General nature of industry Instruct business, or establishment in (Duration) yrs. mos. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER pino BIRTHPLACE (Address) (State or country) 4 Z *State the DISPASE CAUSING DEATH, or, in deaths from VIOLENZ W L Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME Œ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 tal 13 BIRTHPLACE At piscs S of infor OF MOTHER WRITE Stats, yrs. mos. ds. AU (State or country should state CAL Where was dissess contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former ar (Informent) osnal residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 0 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile foctory. mill; (a) Salesman, (b) 'rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line khow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, ctc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"An emia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory (secondary or intercuras "Puenperal septichaemia," carbolic State cause for which Never report mere "Atrophy," "Colacid—probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915
BUREAUNS

BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH

Cour	nty Ma	ntymes	17	765 (10xx		CERTIFICAT	MARYLAND TE OF DEATH tion Dist. No. 2/7
Villa	age or City 2 FU	LL NAME	no. William	H- Lew	is	St; War	d) [If death occi a hospital or ins give its NAME of street and no
	PERSO	NAL AND STA	TISTICAL PARTIC	ULARS	N	MEDICAL CERTIFIC	ATE OF DEATH
3 SE	male	Color or HAI	SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	Theory	16 DATE OF DE		10 /8 , touth) (Day)
6 DA	TE OF BIRT	3	Month) (Day	1841	17 I HER	, 191.5., to	t I attended decease
7 AG	CCUPATION	74 yrs. 7	mes. / 5 ds.	If LESS than 1 day, hrs.	and that deat The CAUSE O	h occurred on the d	ate stated above, at follows:
O pui) General natur siness, er esta	blishment in		90A WWW 030 030 0 *************************	***************************************	***************************************	
wh) General natur siness, or esta lich empleyed (d IRTHPLACE (State or coun	re of Industry blishment in or employer)	ms.		Contributo	ry	ration) yre. moe.
S B1	OF FATH (State of Country Cou	e of Industry blishment in or employer) httry) ACE JER Or country)	ms. ms. mm. tinknow		(Signed) (Style th	191 S (Address) P. PINFAM CAUBINO DE INJUNY.	Land Fla
a B1	10 General nature stness, or esta stick employed (control of the state of countrol of the state	e of Industry blishment in or employer) ACE HER OF COUNTRY) NAME THER	Ma. Maknam knam mknam		(Signed) (Style th CAUSES) state SUICIDAL OF F OR RECENT RE At place	191. J. (Address) PENFARE CAUBINO DEA (1) TEANS OF INJURY; IOMICIPAL. ESIDENCE (FOR HOSP (SIDENTS)	TH, or, in double from Vion ; and (2) whether Accions
S L N L N L N L N L N L N L N L N L N L	10 General nature stness, or esta stick employed (control of the state of countrol of the state	e of Industry blishment in or employer) atry) F Conker ACE HER THER THER THER TO country)	Mod. The home home whom seest of My know a Sciore.	LEDGE	(Signed) (Style th CAUSES) state SUICIDAL OF F OR RECENT RE At place	(Bur J. J. (Address) 191. J. (Address) PINFAME CAUBINO DEA (CI) "ITAMS OF INJURY; IOMICTOAL. ESIDENCE (FOR HOSP (SIDENTS)	TH, or, in douths Join Viol ; and (2) whether Accionn

[Approved by U. S. Census and American Public Health Association.]

business or inclustry, and therefore an additional line is provided for the latter statement; it should be used ness of various pursuits can be known. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day leborer, Farm laborer, Laborer "Foreman," "Manager," "Fealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) 'rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housemaid, ctc. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Architect, Locomotive engineer, Civil The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," "Debility" train-accident; Revolver wound Never report mere "Atrophy," "Colunportant. ("Con-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN RESERVED FOR V. S. No. 1. N.B.

1 PLACE OF DEATH 100. 29 Hest Rick	Shern Char STATE OF MARYLAND CERTIFICATE OF DEATH
County Nouse one 17766	(150), Registered No. 225
Village or Gity bhruy brute No. 29.	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE MARRIEO, WILDOWS WIDOWEO, WIDOWEO, WITHOUSE WITH the Word)	(Month) (Day) (Year)
8 DATE OF BIRTH May // , 18.45 (Month) (Day) (Year)	17 ON 1 HEREBY CERTIFY, That I attended deceased from 22 1915, to 27 1915, that I last saw here alive on 24 1915
TAGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9:3 pm. The CAUSE OF DEATH* was as follows: Living Alexanded Laphula
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Carter of country)	Contributory Assessing as Explanation (Secondary)
11 BIRTHPLACE OF FATHER Waryland State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) Juration yrs mos ds. (Signed) Jewald MD. OCI 30, 1916 (Address) Jewald MD. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) MBANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Selocke & Steigel (Address) Cheny Chase Ind.	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Letter 31, 1915 The K. Long W. REGISTRAR	Dennior Charley North all Stavilles, 1912. 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 6 i	E. Franklin St., Balto., Requesting V. S. No. 1. Moshington HC

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from husiness, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocciy; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfication, as Day laborer, Farm laborer, Laborer—Coal first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples: For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pupperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Dehility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County.... Registration Dist. No. 2 12 It death occurred in St.:Ward) a hospital or institution. give its NAME instead EXACTL of street and number.] RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF GEATH MARRIEO. PERMANENT WIDOWED OR OIVORCEO (Month) properly certificate 17 CERTIFY, That I attended deceased from 6 DATE OF BIRTH pinous 3 pe (Day) (Year) 7 AGE 0 If LESS than may on the date stated above, at J.Q. m. back 1 day, brs. AG OR min. ? 6 OCCUPATION
(a) Trade, prefession, er tha supplied OUS particular kind of work 80 (b) General nature of lodustry terms, instructi business, or establishment in fully which employed (or employer) (Burntlon) 9 BIRTHPLACE (State or country) Contributory Secondary c See 10 NAME OF C (Signed) Important 11 BIRTHPLACE ENT (Address) OF FATHER (State or country) Sho *State the PISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, EA Œ 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. PAI OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS 0 EW 13 BIRTHPLACE S At placs In the OF MOTHER 5 (State or country) of death State. WE. Where was disease contracted. should state C tf got at placs of death? Formar or usuai raaidenca DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. The material worked on may form part mill; (a) Salesman, (b) 'rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-If retired from (b) Ando-

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always quality an uncesses returning birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" nia" (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere "Atrophy," "Colacid—probably



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is used innertaint. See instanctions on how of confidence. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

VIIIage or City Vallington Garage	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Francis Odwn	Myess give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hutz 6 SINGLE, MARRIEO, WIOOWEO OR OIVORCEO GROUP Single	(Month) (Day) (Year)
7 AGE Month (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min. ?	that I last saw h m allve on Q 25 , 1915, and that death occurred on the date stated above, at 25 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Buration) yrs. mos 2/de. Contributory Secondary
10 NAME OF FATHER Chas. E. Mayesi 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Source Parel Country	*State the DISKASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Taching in Story 15 Fied REGISTRAR	At place of death yrs. mee de. State, yrs. mes. de. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ASSAULT AUGUSTIANSTITUTIONS, TRANSIENTS, OR TRAN

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nonienclature of the American Medical Association.)

V. S. No. 1.

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PHYSICIANS should state of OCCUPATION Is very PERMANENT RECORD B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. ICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement Important. See instructions on back of certificate. UNFADING INK-THIS IS WRITE PLAINLY, WITH

Co

VI

1 PLACE OF DEATH		
ounty Montgomery	17769	11/1
		(15.4
llage or City Brookertle	(No	11411 1 10

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;Ward) 633 3

[if death occurred to a hospital or institution, give its NAME instead of street and number.]

	FULL NAME MAY CHARLE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	** **COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED Infort (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	a-l-	Oct 15 1915 to death oct 18 1915
_	(Month) (Day (Year)	that I last saw her alive on och 17 9 P. M. 1915
7 A	1 Liou man	and that death occurred on the date stated above, at 11 Pt m
	yrs mos 7 ds OR min ?	The CAUSE OF DEATH* was as follows:
10	CCUPATION	Exhaustray as it mas
(a)	Trade, profession, or rilicular kind of work.	premolure oir to at suy 7/2mo
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs mos ds.
9 B	RTHPLACE (State or country) Burkoville Ind	Contributory
	10 NAME OF Samuel Thomas	(Signed) (Si
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARENT	of Mother Humof Suales	TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Browkeville M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds
	(Informant) Comdaday mod	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Brookeviere md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	od Oct 18-1912 Chas. Fargueles	20 UNDERTAKER ADDRESS
	REGISTRAR	David Frown Brookwilles Mac

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-. statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the klud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraema," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact classified. 4 pinous properly AGE UNFADING INK supplied. pe may certificate. carefully = that To WITH back terms. should PLAINLY, plain See Instructions Information _ of Inform WRITE Item OF Important. Every It

1 PLACE OF DEATH Village or City *FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE 1 day hrs. POCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENT 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)

[It death occurred in a hospital or institution. give its NAME Instead

<i>o</i> .		ot 3(166)	and number.
MEDICAL CER	TIFICATE OF	DEATH	
16 DATE OF DEATH	/() (Month)	(Day)	., 1915 (Year)
HEREBY CEF	to	21.5	(/
nat I last saw h		above at %	1915
he CAUSE OF DEATH * was			· · · · · · · · · · · · · · · · · · ·
Contributory BAUA		yrsm	os d
	(Duration) /6 use h s) Dans	vuille	0s. — ds . , M. [
*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL	G DEATH, or, INJURY; and	n deaths from (2) whether	VIOLENT ACCIDEN-
CLENGTH OF RESIDENCE (FOOR RECENT RESIDENTS) At place to death	In the	INSTITUTIONS,	
Sugar Paud 29 UNDERTAKER Pour	Moval Myl.	ADDRESS	191.5

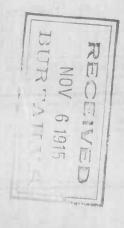
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman, If the occupation has For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purpresal scottchaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile." etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ___ dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci--Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples:



Cour	nty mosta 17771	STATE OF MARYLAND CERTIFICATE OF DEATH
-13		Registration Dist. No. 9/2
Villa	ge or City Marlinshug No	St.; Ward) [If death occurre a hospital or institut give its NAME inst of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	wale Colored OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) , 19
6 DA	TE OF BIRTH	that I last saw h. alive on
7 AG	alvisch 96 1 day, hrs.	and that death occurred on the date stated above, at
pa (b bu: wh) Trade, profession, or ricular kind of work) General nature of industry siness, or establishment in ich empleyed (or empleyer) INTHPLACE (State or country)	(Quration) yrs. mos. Contributory Secondary (Burstion) yrs. mes.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER Sedue Danis	(Signed) 6 24 24 Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS)
14 TI	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) Lawrence (Informant)	At place in the of death yrs. mes. ds. State, yrs. mes
16	(Address)	Marliesburg address 20 yndertaker

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as, "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (discase causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," by railway train—aecident; Revolver wound "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-State cause for which



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1.

N.B

PHYSICIANS should state of OCCUPATION IS YEST Exact statement stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]

PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Jernal Lolend Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 10 2 1 1915 (Month) (Day (Year)
B DATE OF BIRTH March 9, 1915 (Month) (Day (Year)	17 I hereby Certify, That I attended decessed from 10 2 1915; to 10 2 1915; that I last saw has alive on 1915.
7 AGE 7 AGE 1 It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Doutstin
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs, mos, ds Where was disease contracted, it not at place of death?— Former or usual residence.
(Address) 2 W EK Lodg & md 16 Filed 10/22, 1915, & IN Simper	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCL 23, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the eated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line wili be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ratvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV, 5 1915
BUREAU, V.S.

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PERMANENT should THIS AGE NX carefully supplied. UNFADING should PLAINLY

2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, CINCK WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH that I last saw h (allve on Still-birth If LESS than 7 AGE 1 day hrs. OR min. ? properly SOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) = that 10 NAME OF FATHER of back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of Inform Where was disease contracted. it not at place of death?..... Every Item CAUSE OF usual residence. mportant. 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 721

...St.;.....Ward)

[If death occurred in a hospital or institution. give its NAME inslead of street and number. 1

(Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Contributory 16 , 1915 (Address) 2 2 maxima 1124 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, of death yrs. mos. ds. State yrs. mos. ds 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should he used only when needed. the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purperal scottichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile," etc.), mere symptoms or terminal conditions, such as "Are ample: Measles (disease causing ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as "Figart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., or ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:



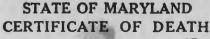
S. No.

RECORD PERMANENT UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact-statement-of OCCUPATION is very DEATH in plain terms, so that it messes instructions on back of certificate. CAUSE OF Important, S

1 PLACE OF DEATH

17774



Registration Dist, No.-

[It death occurred to

FULL NAME PROPER 2 /1	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomula 4 COLOR OR RAGE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than	16 DATE OF DEATH (Month) (Month) (Yay (Year) 17 1 HEREBY CERTIFY, That I attended decessed from (Hat I last saw har alive on the data stated above, at 10,157 m,
yrs mos ds day,hrs. OR min.? OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: (Ouration) (Ouration) (Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF	(Signed) yrs mos / O. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKERO APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very See instructions on back of certificate.

RECORD

A PERMANENT

Village or City Beautifully (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/6 Rover Road St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (18 rite the word) 5 DATE OF BIRTH 5 EQ. 29 1898	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from Saft 17-1915, to Carr 6 - 1915.
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at b. 20 Pm. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER Frank Word 11 BIRTHPLACE OF FATHER (State or country) MALIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER P 1 1 5 1	(Signed) (Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 15	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds Where was disease contracted, tf not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WOLL 0 1915

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REGISTRAR

ADDRESS

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Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 51915 BUREAU, V.S.